

SAFER SPORT PROGRAM

PRESENTER



EXPRESSION OF INTEREST

CONTACT DETAILS:

Name:

Address:

Phone (Preferred):

Email:

QUALIFICATIONS:

HLTAID001 – Provide CPR: **Y** **N** Expiry Date:.....

HLTAID003 – Provide First Aid: **Y** **N** Expiry Date:.....

SMA Level 1 Sports Trainer: **Y** **N** Expiry Date:.....

SMA Level 2 Sports Trainer: **Y** **N** Expiry Date:.....

Working with Children Check: **Y** **N** Expiry Date:.....

ABN: **Y** **N** Number:.....

Certificate IV in Training and Assessment*: **Y** **N** Cert Number:.....

**(TAE40116 Cert IV TAE is a requirement for Nationally Recognised Training presenting)*

Please detail any previous experience lecturing or presenting courses below (please include dates, organisations/clubs, responsibilities, etc.)

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Please return this form to safersport@sma.org.au with **evidence** of current qualifications or call 1300 711 211 for any queries regarding Safer Sport Presenting.